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<p>✓ We selected subjects with a diagnosis of cyclothymic personality disorder. These subjects were evaluated for mood, immune functioning, and physical illnesses. Each subject is to be evaluated 6 times (2 times each in low, normal, and hypomanic mood). We have now screened 900 students and have 21 who are in the research protocol and have completed at least 1 evaluation.</p> <p>We have also assembled a second group as a comparison with subjects diagnosed as major depression unipolar to be tested for mood, immune function and illness at 3 times: before psychotherapy, at its end, and 6 months later. We have assessed 22 patients at the initial point, 21 at termination, and 19 at the 6-month follow-up. We are engaged in data analysis.</p>					
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ANNUAL REPORT

MOOD IN RELATION TO IMMUNOCOMPETENCE AND PHYSICAL ILLNESS

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Objectives of the study:

1. To examine the degree of association of measures of mood and stress with a broad sample of immunocompetence measures.
2. To examine the types of factors (especially endocrinological ones) that mediate the relation of mood, immunocompetence and physical illness.

Subjects and Procedures:

During this past year, we have continued to accumulate cyclothymic subjects for Group 1. These subjects who have fluctuations of mood are medication-free so that their immune measures are not interfered with. Each subject is measured at three points with two measurements each, that is, two when the subject is in a depressed mood, two when the subject is in a euthymic mood and two when the subject is in a hypomanic mood. During the previous year we screened 500 students, during this year we screened an additional 400 students. We now have a total of 21 students who fit the criteria for cyclothymia who had been evaluated one or more times on the various measures of immunocompetence.

Group 2 is our comparison group of patients with a DSM-III diagnosis of major depression - unipolar. These patients are given psychotherapy and are also medication-free. The patients

are tested once at each of three points: before psychotherapy, at the end of psychotherapy lasting four months and then again six months later. At the start of psychotherapy they were severely depressed. At the end of treatment (four months), two thirds of the patients were moderately to much improved and a high percentage of these remained at this level during follow-up six months later.

For Group 2 we have moved ahead considerably in terms of numbers of subjects. We have assessed the immune and the endocrinological functioning at the initial point for 22 patients; at the termination point for 21 patients; at the 6 month follow-up point for 19 patients.

Data Analyses

At the present time we are examining some of our results for a portion of the immune measures. We are about to do the mitogen measures on Group 2. The antibody measures are not yet available; they are being done through collaboration with Dr. Ronald Glaser of the Ohio State University. Dr. Glaser is doing the Herpes Simplex Virus and the Epstein-Barr Virus measures by ELISA measures which simplify these assessments. Our currently available results are being examined in relation to our review of more than 100 studies to identify the degree of comparability of our findings with those of others.

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